UNITY School of DENTAL MEDICINE **Dental Management Of Infantile Labial Pathology: A Case Report**

Introduction

Hemangioma is a benign growth of blood vessels that can occur within the body or on the skin. Hemangiomas may appear anywhere on the body but are most common on the face and neck. While the cause of hemangiomas is unknown, they tend to appear most often in Caucasians, premature infants, and women. Small, non-invasive hemangiomas may not need treatment, as 50% resolve by age five, and 90% self-resolve by age 9. However, if a hemangioma is large, consistently growing, and/or causing movement in patient's teeth, they may be treated by laser or surgical removal, steroid medications, or oral medications.

Case Report

Patient Background – Female, 8 months old upon initial exam

Chief Concern: Patient fell, hit face, gums were bleeding briefly, no loose teeth. Mass appeared a few weeks later, asymptomatic.

Medical Conditions: none

Medications: none

Allergies: NKDA

Birth: Full term

Photographic Evaluation (see Figure 1): Mass is fluctuant, blue – red in color. ~7mm in diameter, borders appear well circumscribed. It does not appear to be associated with the vestibule. When lip is stretched a vein appears to be visible in the mass.

Photographic Follow up Evaluation (see Figure 2): no signs of tooth or lip interference. No change since previous appointment.

Differential Diagnosis #1: Mucocele

a. Trauma

Patient's dad states patient fell a few months ago. Parent states that a week or two after the fall is when they noticed the mass appear. A mucocele is possible because a fall can rupture a minor salivary gland and the mass appears fluid filled and fluctuant.

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Differential Diagnosis #2: Pyogenic Granuloma a. Lip Sucking Following Trauma 12% of pyogenic granuloma appear during the first year of life. 25% of these patients have preexisting trauma (4). If the patient was consistently disturbing an injury acquired after their fall, it is possible a pyogenic granuloma would develop. **Current Diagnosis: Hemangioma** Due to the fluctuant nature of the lesion, the emergence of the lesion following trauma, as well as the coloring of the lesion, a pathologist and I determined this lesion is most likely a hemangioma. Hemangioma are benign vascular lesions which are

known to typically involute on their own, and therefore the most common treatment in infants is to monitor the lesion over time as long as it remains asymptomatic. Other treatments for these lesions if symptomatic include: complete resection (1), oral propranolol, or steroid injection (2). **Conclusion:**

After consulting with a pathologist, it was decided not to perform a biopsy at this time. The bleeding risk with an excisional biopsy of a hemangioma is known to be high and should be handled by an oral maxillofacial surgeon if necessary. Though there was no change in the lesion after a two month follow up (figure 2), approximately 50% of infantile hemangioma are known to involute on their own after 1 year of age (3). Because of this the lesion will continually be monitored at 6 month recalls for this patient. If the lesion is seen to interfere with the positioning of the teeth as they erupt in the mouth, grow in size, or the patient exhibits lip insufficiency, a referral to OMFS for excisional biopsy will be performed at that time.





References

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